

Georgia Board of Registration for Professional Engineers and Land Surveyors
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2012

PLEASE PRINT OR TYPE
Be sure to sign and date in
the space provided

Institute, Organization, or Agency Conducting Program	Title of Program or Description of content	Location of Program	Dates Attended	All Other Subjects	Number of Hours Claimed	Documentation Attached
Total hours claimed						

Attach copies of certificates of completion for each entry listed above.

Number of hours in 2011	
--------------------------------	--

Number of hours in 2012	
--------------------------------	--

Carryover from period ending 12/31/10	
--	--

Georgia Board of Registration for Professional Engineers and Land Surveyors
CE AUDIT REPORT FORM
For the Two-year CE Reporting Period Ending December 31, 2012

PLEASE PRINT OR TYPE
Be sure to sign and date in
the space provided

AFFIDAVIT

Sworn to and subscribed before me this _____ day of _____, _____.

I certify that the above is true and accurate information and I have attached required documentation.

Signature of Licensee

Notary Public _____

Printed/Typed Name of Licensee

NOTARY SEAL

Daytime Telephone Number _____

License Number _____

License Issue Date _____

Send this completed form and supporting documents in one of the following methods:

Scan and Email: **jcbusbee@sos.ga.gov**

Fax: **1-866-888-9718**

Mailing Address: PELS Board
237 Coliseum Drive
Macon, GA 31217-3858